STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155611	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOSIER CHRISTIAN VILLAGE	621 SOUTH SUGAR ST BROWNSTOWN, IN 47220

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00085395. Complaint IN00085395 - Substantiated. Federal/State deficiency related to the allegations is cited at F-323. Survey Date: 02/04/11 Facility Number: 000277 Provider Number: 155611 Aim Number: 100290530 Survey Team: Sharon Whiteman RN TC Census Bed Type: SNF: 08 SNF/NF: 86 Total: 94 Census Payor Type: Medicare: 10 Medicaid: 69 Other: 15 Total: 94 Sample: 03 This deficiency also reflects state findings in accordance with 410 IAC 16.2. Quality review 2/08/11 by Suzanne Williams, RN	F 000	We allege with this plan of correction that Hoosier Christian Village is in substantial compliance. RECEIVED FEB 23 2011 LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH	2/24/11
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards	F 323	ENTERED FEB 24 2011	

P.O.C approved 2/24/11 V.C

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Charles W. McCord — TITLE: Administrator — (X6) DATE: 2/21/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155611	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOSIER CHRISTIAN VILLAGE	621 SOUTH SUGAR ST BROWNSTOWN, IN 47220

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 1 as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure 1 of 3 residents reviewed for falls in a sample of 3 was provided proper safety interventions to prevent a dependent resident from falling face forward onto the ground from a lift, resulting in the resident sustaining laceration which required sutures and a fractured nose. (Resident #A) Findings Include: On 02/04/11 at 10:25 a.m. Resident #A was observed to be transferred via an EZ Lift from her Broda chair to the resident's bed. The resident was observed to have a healed scar above her left eye. Interview of CNA #1 on 02/04/11 at 10:30 a.m. indicated the scar above Resident #A's left eye was due to falling from the bus platform. Interview of the DON (Director of Nursing) on 02/04/11 at 10:40 a.m. indicated on 01/14/11 Resident #A was returning to the facility via the facility van from a doctor's appointment. The DON indicated the "Transfer Aide" pushed Resident #A in the resident's Broda chair onto the van platform and was ready to lower the resident down. The DON indicated the Transfer Aide locked the back brakes, but could not reach the	F 323	Hoosier Christian Village does ensure that the resident environment is as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. On 1/14/2011 thru 1/28/2011 all staff were inserviced on using only wheelchairs to transfer residents on the bus and inserviced on no Broda chairs or any other chairs other than wheelchairs to be used on the bus. During the weeks of 1/14/2011 and 1/24/2011all residents at HCV were audited for types of chairs used for mobility. Residents that use Broda chairs or any other chairs other than wheelchairs for mobility received doctors order for ambulance transfers only and care plans were updated. On 2/21/11 all transfer aides were re-inserviced on using the lift on the bus and use of only wheelchairs on the bus was reiterated.	2/24/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155611	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOSIER CHRISTIAN VILLAGE	621 SOUTH SUGAR ST BROWNSTOWN, IN 47220

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 2 front brakes due to there wasn't room for the Aide and the resident both on the platform. The DON indicated it was impossible to lock the front brakes on the platform due to the surface not being flat on the platform The DON indicated the brakes were lever type brakes that have to be pushed down to lock and it was impossible to reach around with your foot and lock the front brakes. The DON indicated the Broda Chair (in which resident #A was seated) scooted forward a slight amount and the resident who "did not have good upper body strength" fell forward onto the ground "approximately 1 foot." The DON indicated this was the first time a resident who used a Broda Chair had been transferred on the facility van. The DON indicated a policy was immediately implemented for residents in Broda chairs to be transferred out for appointments by ambulance only. Interview of the Administrator on 02/04/11 at 2:30 p.m. indicated it was impossible for the Transfer Aide to lock the front brakes on the Broda chair due to "you have to use your foot to push the levers down to lock and it was not possible for the Transfer Aide to reach her foot around in front of the Broda Chair while standing behind it to lock the brakes." Review of Resident #A's clinical record on 02/04/11 at 12:00 p.m. indicated the following: Resident #A had diagnoses which included, but were not limited to, dementia and renal failure. An Emergency Department triage report, dated 09/25/10, indicated Resident #A was seen in the emergency room due to falling forward out of a wheelchair striking her face The report indicated	F 323	During the week of 2/21/2011 staff were re-inserviced on assisting residents' mobility using broda chairs; inservice included locking the wheels when not moving and when transferring in and out of chair, using only indoors unless under strict supervision and full attention of caregiver who is physically capable of preventing any unattended movement, and tilt of chair for safety.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155611	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOSIER CHRISTIAN VILLAGE	621 SOUTH SUGAR ST BROWNSTOWN, IN 47220

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 3 the resident sustained three lacerations of the face and a nasal bone fracture during this fall. A quarterly MDS (minimum data set) assessment, dated 12/30/10, indicated Resident #A had altered level of consciousness and psychomotor retardation. The assessment indicated the resident required extensive assistance of staff for transfers. A care plan initiated 07/12/10 with a most recent goal date of 01/14/11 indicated, "...Impaired safety with risk for falls (related to) (decreased) muscle strength, dementia, and history of falls...Transfers with EZ-lift and 2 assist...Up in Broda Chair as tolerated...(Occupational Therapy) for chair positioning...01/14/11 Transport only via ambulance due to Broda Chair positioning." A nurse's note, dated 01/14/11 at 11:05 a.m. indicated, "(Resident #A) left facility for MD (Medical Doctor) (appointment). Upon arrival back to facility while bus driver was (lowering) res (Resident #A) in (Broda Chair) on the lift on the bus res (Broda Chair) and res pitched forward face forward onto the sidewalk. Res had a laceration to above her (left) eye and nose. Res had not lost consciousness while receiving first aide from staff. (Staff member's name) at res head holding pressure on res to help stop bleeding. Res (blood pressure) 218/105...(heart rate) 120...MD called for (order) to send to ER (Emergency Room) (for) eval & tx (evaluation and treatment)...." A nurse's note, dated 01/14/11 at 3:45 p.m., indicated, "(Local Hospital) (Emergency Room staff) called to give report: (Resident #A) has (fractured) nose, laceration repair to area over	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155611	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOSIER CHRISTIAN VILLAGE	621 SOUTH SUGAR ST BROWNSTOWN, IN 47220

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 4 (left) eye. Bacitracin (antibiotic ointment) to open area on nose, head injury instructions being sent. Stitches will need to be removed in 5 days...." A copy of an investigative report was provided by the DON on 02/04/11 at 11:00 a.m. The report indicated, "Investigation completed; findings as follows: Broda chair back locks were locked, the front locks on the Broda chair were not locked due to inability to lock the front brakes when the chair is on the lift. The chair rolled forward on the lift as it was coming down and the momentum of the resident's weight pushed the front wheels of the chair over the safety bar on the lift, allowing the resident's weight to shift forward out of the chair onto the ground. Risks Identified: Using the Broda chair with just the back brakes being locked...the weight of the resident...Conclusions: The lift on the bus is not safe for the broda chair...." Review of a "Fax/Incident Report" form provided by the DON on 02/04/11 at 11:00 a.m. indicated Resident #A was seated in her Broda Chair on a lift on the facility bus. The report indicated, "...While lift declining resident (#A) tipped forward out of chair falling to ground." The report indicated Resident #A sustained a laceration above her (left) eye. A manufacturer's instruction booklet (for a Broda chair) was provided by the DON on 02/04/11 at 1:55 p.m. The booklet indicated, "...Broda Chair hazards...Immediately after a resident is transferred into a chair, we recommend that the chair's seat be tilted sufficiently to prevent the resident from sliding or falling forward off the chair. The amount of seat tilt should be determined by the resident's caregiver who is	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155611	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOSIER CHRISTIAN VILLAGE	621 SOUTH SUGAR ST BROWNSTOWN, IN 47220

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 5 responsible for seating...Danger of tipping. We recommend that the chair's seat be tilted sufficiently to prevent...resident from tipping...We recommend that a chair only be located on a level surface to minimize the risk of tipping over...Total Lock Brakes - "Danger of falling." The special casters found on the Broda chair have total lock brakes which prevent the wheels from turning and swiveling. The brakes must be applied when:...2. A resident is being transferred (moved) into or out of the chair; and, 3. the chair is not being moved by a caregiver...We recommend Broda chairs for indoor use within a long-term care institution and where there is not enough slope to cause the chairs to move unaided. Chairs used where the surface is uneven or sloped are at risk of unintended movement and could become a serious danger to the resident...Outdoor use is appropriate only under the strict supervision and full attention of a caregiver who is physically capable of preventing any unintended movement over any services that are to be traveled on. We recommend that a second caregiver assist when the chair is moved over surfaces that could cause significant unintended movement..." This federal tag relates to complaint IN00085395. 3.1-45(a)(2)	F 323		